MAXIMUS Federal Services

Case Number:	CM14-0000245		
Date Assigned:	09/26/2014	Date of Injury:	04/05/2013
Decision Date:	11/05/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	01/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 37-year-old female with a 4/5/13 date of injury. The mechanism of injury was a slip and fall, she sustained injuries to her back and bilateral knees. According to a progress report dated 11/25/13, the patient complained of burning, radicular low back pain, radiating into the legs and knees, associated with muscle spasms, rated as a 9/10. The pain was associated with numbness and tingling of the bilateral lower extremities. The patient also complained of burning bilateral knee pain and muscle spasms. She also complained of numbness, tingling, and pain radiating to the feet. She stated that her symptoms persisted, but medications offered her temporary relief of pain and improve her ability to have restful sleep. Objective findings: none noted. Diagnostic impression: lumbar spine HNP (herniated nucleus pulposus), lumbar radiculopathy, bilateral knee sprain/strain, sleep disorder. Treatment to date: medication management, activity modification, acupuncture, physical therapy. A UR decision dated 12/3/13 denied the requests for Dicopanol (diphenhydramine) oral suspension and Fanatrex oral suspension. There is no medical necessity for the prescribed medical food polypharmacy for the patient's diagnoses. It is not clear why a patient is prescribed medical foods as opposed to conventional medications. The same diphenhydramine is available OTC (over the counter) for allergies or sleep.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Dicopanol (diphenhydramine) 5mg/ml oral suspension 150ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Dicopranol), FDA (Benadryl)

Decision rationale: CA MTUS and ODG do not address this issue. According to the FDA, Dicopranol is a compounded oral suspension containing 150 mL of a diphenhydramine hydrochloride. Diphenhydramine is an antihistamine with anticholinergic (drying) and sedative side effects. Diphenhydramine is used to treat sneezing; runny nose; itching, watery eyes; hives; rashes; itching; and other symptoms of allergies and the common cold. However, it is noted that the provider has prescribed this medication for the treatment of mild to moderate insomnia. There is no documentation that the provider has addressed non-pharmacologic methods for sleep disturbances, such as proper sleep hygiene. In addition, there is no documentation regarding why the patient requires this specialized formulation of diphenhydramine as opposed to a tablet form available over-the-counter. Furthermore, there is no documentation that the patient requires a liquid form as opposed to the pill form. Therefore, the request for Dicopanol (diphenhydramine) 5mg/ml oral suspension 150ml is not medically necessary.

Fanatrex (Gabapentin) 25mg/ml oral suspension 420ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18, 49. Decision based on Non-MTUS Citation FDA (Fanatrex), FDA (Neurontin)

Decision rationale: According to the FDA, Fanatrex is a kit containing active and inactive bulk materials to prepare 420 mL of a gabapentin oral suspension containing 25 mg/mL gabapentin. CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, this is a request for a specialized formulation of gabapentin, which is available in a standard tablet formulation. The patient has documentation of neuropathic pain and a diagnosis of lumbar radiculopathy, in which gabapentin would be appropriate. However, there is no discussion by the provider as to why the patient requires this specialized formulation of gabapentin. Furthermore, there is no documentation that the patient requires a liquid form as opposed to the pill form. Therefore, the request for Fanatrex (Gabapentin) 25mg/ml oral suspension 420ml is not medically necessary.